



Virginia's Tobacco Region Tourism Development Loan Program

Name: _____ Tax ID #: _____

Address: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____ Contact: _____

County: _____ E-mail: _____

Legal Type:

C-Corporation ☐ S-Corp ☐ LLC ☐ Partnership ☐ LLP ☐ Proprietorship ☐ Individual ☐

Date Company Established: ____/____/____ SIC or NAIC: _____

Description of Business: _____

Type of Project: Expansion ☐ New Business ☐ Transfer of Ownership ☐ Other ☐

Amount of Request: _____

Purpose: _____

Collateral: _____

Guarantors: _____

Jobs saved as a result of this financing

Jobs created as a result of this financing

Year 1

Year 2

Year 1

Year 2

Average hourly wage rate per FTE \$ _____

Schedule of Applicant's debts, leases, notes and mortgages (attach additional sheet if necessary).

Creditor	Original Loan Amount	Loan Balance	Date of Loan	Maturity Date	M-Monthly Q-Quarterly A-Annual	Payment Amount	Current? Yes/No	Collateral

List all owners, officers, directors and general partners of applicant and stockholders or limited partners owning 20% or more of applicant business. All persons or corporations with an ownership interest of 20% or more must guarantee the loan. (attach additional sheet if necessary).

Name	Address	Office Held	% of ownership

Financial Statements: Include at least 3 years historical income statements and balance sheets (if an existing business), to include parents, affiliates, and subsidiaries, current (within 90 days) interim financial statements of applicant business and tax returns. Current financial statements, within 90 days, and tax returns on all guarantors are also necessary.

Eligibility Requirements:

Does the Applicant, including any parent or subsidiary corporation or affiliated entity, in Virginia have:

1. 250 or less employees? Yes ☐ No ☐ Current # _____
2. less than \$10,000,000 in annual gross revenues over each of the last three (3) fiscal years? Yes ☐ No ☐
3. less than \$2,000,000 in net worth? Yes ☐ No ☐

If the answer to any of the following questions is “yes”, please furnish details on an attached sheet.

1. Have any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the applicant ever been charged with, or convicted of, any criminal offense, other than minor motor vehicle violations? Yes ☐ No ☐
2. Has the applicant or management of the applicant been informed of any current or on-going investigation of the applicant with respect to possible violations of state or federal securities laws? Yes ☐ No ☐
3. Has the applicant or any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the applicant been in receivership or adjudicated as bankrupt? Yes ☐ No ☐
4. Is the applicant or any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the applicant involved in any pending lawsuits? Yes ☐ No ☐
5. Does the applicant or any guarantors owe past due federal, state or local taxes of any nature? Yes ☐ No ☐

IN ORDER TO KEEP FINANCIAL INFORMATION CONFIDENTIAL AND NOT PART OF PUBLIC RECORDS, YOU MUST MARK EACH PAGE “CONFIDENTIAL”.

The undersigned hereby certifies that all information contained above and all information contained in attachments which make up this loan application are true to her/his best knowledge and belief, and are submitted for the purpose of obtaining financial assistance from the Virginia Small Business Financing Authority.

Name of Company: _____

By: _____
Title Date



VIRGINIA SMALL BUSINESS FINANCING AUTHORITY

PERSONAL FINANCIAL STATEMENT

DATE: _____

PERSONAL INFORMATION								
APPLICANT				CO-APPLICANT				
Home Address (City, State, Zip) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other			Mo. Payment	Home Address (City, State, Zip) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other			Mo. Pmt.	
Home Phone		Date of Birth	Business Phone		Home Phone		Date of Birth	
Social Security #		Employer/Business		Social Security #		Employer/Business		
Title/Position		# of Years		Title/Position		# of Years		
Name/Address of nearest relative not living with you		Phone Number		Name/Address of nearest relative not living with you		Phone Number		
ASSETS		AMOUNT (\$)		LIABILITIES		AMOUNT (\$)		
Cash on Hand and in Banks		\$		Accounts Payable (including credit cards)		\$		
Stocks and Bonds (Complete Schedule B)				Notes to Banks and Others (Complete Schedule A)				
Owned Business (Complete Schedule E)				Mortgages on Real Estate (Complete Schedule C)				
Accounts and Loans Receivable				Loans Against Life Insurance (Complete Schedule D)				
Real Estate (Residential and Investment) (Complete Schedule C)				Accrued Taxes Payable				
Cash Value of Life Insurance (Complete Schedule D)				Other Liabilities (Itemize)				
Retirement Accounts (Complete Schedule F)								
Personal Property (including automobiles)				TOTAL LIABILITIES				
Other Assets (Itemize)				NET WORTH (Total Assets-Total Liab.)				
TOTAL ASSETS		\$		TOTAL LIABILITIES AND NET WORTH		\$		
Source of Income		Amount (\$)		Contingent Liabilities		Amount (\$)		
Salary (Applicant)				As Endorser or Co-Maker (Applicant)				
Salary (Co-Applicant)				As Endorser or Co-Maker (Co-Applicant)				
Net Investment Income				Legal Claims and Judgments				
Real Estate Income				Provision for Federal Income Tax				
Other Income (Describe Below)*				Other Special Debt				
Description of Other Income listed above.								
* Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have it count toward total income.								

Schedule A. Notes Payable to Banks and Others					
Name and Address of Noteholders	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Schedule B. Stocks and Bonds						
<i># of Shares</i>	<i>Owner</i>	<i>Name of Securities</i>	<i>Cost</i>	<i>Market Value</i>	<i>Total Value</i>	<i>Encumbered</i>

Schedule C. Personal Residence and Real Estate Investments, Mortgage Debt									
<i>Personal Residence</i> <i>Property Address</i>	<i>Legal Owner</i>	<i>Purchase</i> <i>Year Price</i>		<i>Market Value</i>	<i>Present Balance</i>	<i>Int. Rate</i>	<i>Maturity Date</i>	<i>Monthly Payment</i>	<i>Lender</i>
<i>Investment</i> <i>Property Address</i>	<i>Legal Owner</i>	<i>Purchase</i> <i>Year Price</i>		<i>Market Value</i>	<i>Present Balance</i>	<i>Int. Rate</i>	<i>Maturity Date</i>	<i>Mo. Pmt.</i>	<i>Mo. Income</i> <i>Lender</i>

Schedule D. Life Insurance						
<i>Insurance Company</i>	<i>Face Amount</i>	<i>Policy Type</i>	<i>Beneficiary</i>	<i>Cash Surrender</i>	<i>Amount Borrowed</i>	<i>Owner of Policy</i>

Schedule E. Ownership in Other Business Interests					
<i>Type of Investment</i>	<i>Cost</i>	<i>Percent Owned</i>	<i>Property Description (if applicable)</i>	<i>Current Market Value</i>	<i>Partnership Debt</i>
Business/Professional (indicate name):					
Investments (including Tax Shelters):					

Schedule F. Retirement Accounts					
<i>Owner</i>	<i>Type (401k, IRA, etc.)</i>	<i>Custodian</i>	<i>Value</i>	<i>Encumbered?</i>	<i>Investment Type</i>

I authorize VSBFA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained herein are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a loan or guarantying a loan. I understand false statements may result in forfeiture of benefits and possible prosecution.

Applicant Signature:	Date:
Co-Applicant Signature:	Date:

Tourism Development Loan Program Applicants
Attach the following to complete your application package:

Financial Statements – at least 3 years historical income statements and balance sheets (if an existing business), including parents, affiliates and subsidiaries, current (within 90 days) financial statements of applicant business and tax returns if statements are not audited, proforma balance sheet (at startup), and 2 years of projected income, balance sheet and cash flow statements supported by a list of assumptions (monthly year one, quarterly year 2)

Current financial statements (not more than 90 days old) of all guarantors and most recent tax returns.

Business Plan – If the company is a start-up or under-going a major expansion, include a business plan which should include a discussion of the company, the history and ownership, management, subsidiaries, affiliates, or parents, primary customers and suppliers and their payment terms, future plans, outlook for the industry, proposed use of funds, benefit to the community, type and number of jobs.

Application fee of \$500.

PLEASE COMPLETE THE FOLLOWING:

ATTORNEY REPRESENTING COMPANY

Attorney: _____

Law Firm: _____

Address: _____

Telephone: _____

Fax: _____

PARTICIPATING LENDER(S)

Name: _____

Contact: _____

Address: _____

Telephone: _____

Fax: _____

PROJECT COSTS

LAND COST \$ _____

BUILDING COST \$ _____

EQUIPMENT COST \$ _____

WORKING CAPITAL \$ _____

MOVING EXPENSES \$ _____

INSTALLATION COST \$ _____

LEGAL/CLOSING FEES \$ _____

OTHER (SPECIFY) _____

_____ \$ _____

_____ \$ _____

TOTAL * \$ _____

SOURCES OF FUNDS

	AMOUNT	RATE	TERM	COLLATERAL
BANK FINANCING	\$ _____	_____	_____	_____
SELLER FINANCING	\$ _____	_____	_____	_____
OTHER PRIV. FUNDING	\$ _____	_____	_____	_____
VEDRLF/VDCRLF	\$ _____	_____	_____	_____
OTHER PUB. FUNDING	\$ _____	_____	_____	_____
OWNER/CO. EQUITY	\$ _____			
OTHER EQUITY	\$ _____			
TOTAL*	\$ _____			

*Totals must equal

COMPANY OWNERSHIP

List all officers, directors, owners, partners, and/or stockholders owning stock in the applicant company, or company leasing assets from the applicant IDA.

<u>Name</u>	<u>Stock Ownership</u>	<u>Office Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GUARANTOR(S)

Name: _____

Address: _____

Social Security #: _____

Name: _____

Address: _____

Social Security #: _____

The information requested below is voluntary and for statistical purposes only. It will not impact the credit decision on the VSBFA.

Gender:	Race:	Hispanic:
<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Yes
<input type="checkbox"/> Female	<input type="checkbox"/> Black	
<input type="checkbox"/> Male and Female	<input type="checkbox"/> Hawaiian or	
	<input type="checkbox"/> Pacific Islander	
	<input type="checkbox"/> Native American	
	<input type="checkbox"/> White	

VIRGINIA SMALL BUSINESS FINANCING AUTHORITY

2005 Calendar

<u><i>Meeting Date</i></u>	<u><i>Application Deadline</i></u>
Wednesday, January 19	Tuesday, January 4
Wednesday, February 16	Tuesday, February 1
Wednesday, March 16	Tuesday, March 1
Wednesday, April 20	Tuesday, April 5
Wednesday, May 18	Tuesday, May 3
Wednesday, June 15	Tuesday, May 31
Wednesday, July 20	Tuesday, July 5
Wednesday, August 17	Tuesday, August 2
Wednesday, September 21	Tuesday, September 6
Wednesday, October 19	Tuesday, October 4
Wednesday, November 16	Tuesday, November 1
Wednesday, December 14	Tuesday, November 29

